

CAMPAIGN CONTRIBUTIONS

Report Period

2

Name (print) THOMAS ARTHUR RICHIE JR Office (if applicable) DISTRICT COURT JUDGE District (if applicable) DEPT. 14

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
Mark Lobello Esq 2801 S. Valley View Blvd LV NV 89102 #12	9/3/02	\$ 250	

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District (if applicable)

Contributions of \$100 or Less

[illegible]

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THOMAS ARTHUR RITCHIE JR DISTRICT COURT JUDGE DEPT H
Name (print) Office (if applicable) District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

CAMPAIGN EXPENSES

Report Period: # 2

Name (print) THOMAS ARTHUR RITCHIE JR Office (if applicable) DISTRICT COURT JUDGE District (if applicable) DEPT H

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
American Diabetes Assoc. 1750 Tower Blvd PO Box 3346 North Mankato MN 56002	A	10/4/02	* 226. ⁷⁰

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District (if applicable)

Expenses of \$100 or Less

[illegible]

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#2

Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

[illegible]

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THOMAS ARTHUR RITCHIE, JR DISTRICT COURT JUDGE DEPT H
Name (print) Office (if applicable) District (if applicable)

IN KIND

Contributions of \$100 or Less

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THOMAS ARTHUR RITCHIE JR DISTRICT COURT JUDGE DEPT H.
Name (print) Office (if applicable) District (if applicable)

IN KIND

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
- NONE -			

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THOMAS ARTHUR RITCHIE JR DISTRICT COURT JUDGE DEPT H
Name (print) Office (if applicable) District (if applicable)

IN KIND

Expenses of \$100 or Less

DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE
- NONE -		

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